

# D Voice Vocal Fold Paralysis

Record ID

## 1. Gold Standard Diagnosis

Does the patient have VFP confirmed by laryngoscopy/stroboscopy?

- ☐ No  
☐ Yes  
☐ Not certain

## 2. Disease Subtype

Which side is the paralysis?

- ☐ Left  
☐ Right

## 3. Etiology

What is the etiology?

- ☐ Idiopathic  
☐ Iatrogenic (surgery/intubation)  
☐ Tumor invading RLN  
☐ Radiation

Iatrogenic (surgery/intubation) subcategory

- ☐ Thyroidectomy  
☐ ACDF  
☐ Lung surgery  
☐ Heart Surgery  
☐ Intubation  
☐ Brain Surgery

Tumor invading RLN - Subcategory

- ☐ Brain  
☐ Chest  
☐ Neck

## 4. Disease Severity

Degree of Glottic Gap

- ☐ Small  
☐ Moderate  
☐ Large

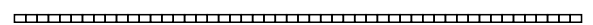
Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent  
MI = Mildly Deviant  
MO = Moderately Deviant  
SE = Severely Deviant

Overall Severity

MI MO SE



(Place a mark on the scale above)

Overall Severity

- ☐ Consistent ☐ Intermittent

Roughness	<div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div>
Roughness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Breathiness	<div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div>
Breathiness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Strain	<div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div>
Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Pitch	<div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div>
Pitch (Indicate the nature of the abnormality):	<div></div>
Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Loudness	<div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div>(Place a mark on the scale above)</div>
Loudness (Indicate the nature of the abnormality):	<div></div>
Loudness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Comments about resonance	<input type="radio"/> Normal <input type="radio"/> Other
Please specify	<div></div>
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<div></div>

5. Treatment obtained

Has the patient undergone any treatment for his condition?	<div><input type="radio"/> Surgery</div> <div><input type="radio"/> Speech therapy</div> <div><input type="radio"/> No treatment</div>
Surgery - Subcategory	<div><input type="radio"/> Thyroplasty</div> <div><input type="radio"/> Vocal fold injection augmentation</div>
Thyroplasty - Subcategory	<div><input type="radio"/> Goretex</div> <div><input type="radio"/> Silastic</div>
Vocal fold injection augmentation - Subcategory	<div><input type="radio"/> Caha</div> <div><input type="radio"/> Gel</div> <div><input type="radio"/> Hyaluronic Acid augmentation</div> <div><input type="radio"/> Fat injection</div>